SECTION 1.0
INTRODUCTION

Department of Public Health & Social Services (DPHSS) plays a significant role in the response to outbreaks and surveillance of syndromic case definitions including suspect cases of the pandemic virus, influenza and/or other novel respiratory viruses.

This protocol describes the procedures for initial processing and submission of human specimens to Guam Public Health Laboratory (GPHL), the testing capabilities for the pandemic virus, influenza and/or other novel respiratory viruses at GPHL and the procedure for referral of specimens for further testing at the reference laboratory, e.g. Hawaii State Laboratory Division (HSLD), Pearl City, Hawaii and/or Centers for Disease Control & Prevention (CDC), Atlanta, Georgia.

SECTION 2.0
FUNCTIONS OF GPHL

- **Outbreak Investigation**
    - Guam Public Health Response Team (PHRT) is comprised of the Territorial Epidemiologist, Medical Director/Chief Medical Officer, Bureau of Communicable Disease Control (BCDC), GPHL, and the Bureau of Family Health and Nursing Services (BFHNS). PHRT is responsible for the surveillance and epidemiology investigation of diseases of public health significance at ports of entry on Guam, Guam International Airport Authority (GIAA) and/or Port Authority of Guam (PAG) in collaboration with Customs & Quarantine Agency (CQA).

- **Suspect Cases of the Pandemic Virus, Influenza or Other Novel Respiratory Viruses**
    - **GPHL will only accept specimens for testing with prior consultation with the DPHSS Territorial Epidemiologist in consultation with the DPHSS Medical Director/Chief Medical Officer and/or Chief of Medical Operations (MedOps) under the Incident Command (IC).**
    - GPHL will conduct testing and send specimens for further testing as needed to reference laboratory. Apart from the public health clinics: Southern Region Community Health Center (SRCHC), Northern Region Community Health Center (NRCHC), it is also anticipated that GPHL will receive specimens for testing from the following laboratories:
        - GMHA

- GRMC
- U.S. Naval Hospital (USNH)
- Andersen Air Force Base Clinic (AAFB Clinic)
- Diagnostic Laboratory Services, Inc. (DLS) [Satellites located at the ITC Building, FHP/TakeCare, Sagua Managu, Guam Medical Plaza, Guam Adult & Pediatric Clinic, American Medical Center, and other DLS-affiliated clinics]
- Guam Seventh-Day Adventist Clinic (SDA)

1°	Position	Phone	Mobile Phone
a	Territorial Epidemiologist	671-300-5874	671-888-9276
	Director, Laboratory	671-300-9093	671-787-1894
b	Administrator, Laboratory	671-300-9082	671-988-4788
c	Administrator, BCDC	671-735-7143	671-777-7210
	Administrator, BEID	671-687-4388	671-747-6956
d	ELC Program Manager	671-300-6219	671-777-1706
e	Microbiologist III	671-300-9080	671-687-8374
f	Microbiologist Alternate	671-300-9096	671-683-5753
g	PIHOA Regional Lab Coordinator	671-300-9085	671-488-8234

SECTION 3.0 LABORATORY TEST REQUESTS

- Effective communication with GPHL staff should be established when a laboratory or clinician intends to request for testing at GPHL. **Laboratory Test Requests for GPHL, please access from** http://dphss.guam.gov/laboratory-services/
    - **Test requests forwarded by other laboratories/clinics on Guam (In-house)**

        - The physician/clinician and if applicable, the laboratory technician will complete and submit the laboratory submission forms, as applicable, Attachment 3-C with the specimen.

    - The laboratory supervisor/ designee of the requesting hospital laboratory, private clinic, or facility/ institution will contact by phone, and email the following individuals at GPHL, to request testing for the pandemic virus, influenza, and/or other novel respiratory viruses.

        - Refer to http://dphss.guam.gov/laboratory-services/

        - Refer to Attachment 3-I, as applicable for detailed information.

        - Individuals (a) and (b) are the primary contacts to notify for requests.

        - Persons (c), (d), (e), (f), and (g) will be respectively contacted when the primary contacts are unavailable or unreachable.

        - Refer to Attachment 3-A.

- **Test requests initiated at Guam International Airport Authority (GIAA)/ Port Authority of Guam (PAG)**

    - The DPHSS Medical Director/Chief Medical Officer or designee and the laboratory personnel will complete the following forms, as applicable:

        - Attachment 3-E

        - Attachment 3-F

        - Attachment 3-H

        - Refer to Attachment 3-B

SECTION 4.0
SPECIMEN COLLECTION AND SUBMISSION

- **Collection Sites**

    - Specimens for the pandemic virus, influenza and/or other novel respiratory viruses testing may be collected from any of the following locations:

        - SRCHC (During a pandemic, workforce will be redirected to NRCHC).

- NRCHC
- GMHA
- GRMC
- USNH
- AAFB Clinic
- DLS
- SDA Clinic
- GIAA/PAG (GPHL only)
- QFAC
- ISOFAC
- OUTREACH
- HOMEBOUND
- Other DPHSS-affiliated location

- **Collection Personnel**
  - All required specimens for laboratory testing will be collected by the physician/clinician or designee of the requesting facility/institution.

- **Required Specimens**
  - A variety of specimens are suitable for the diagnosis of viral infections of the respiratory tract and/or as ordered by the physician/clinician; however, specimen requirements for testing at GPHL are outlined in Attachment 3-D.
    - The requesting laboratory will submit specimens per GPHL guidelines if no prior test has been performed on the specimen.
    - The requesting laboratory will submit second collected specimen per GPHL guidelines if a screening test has been performed on the first specimen.

- For the port of entry-initiated specimens, the DPHSS Medical Director/Chief Medical Officer or designee must collect specimen for testing per GPHL guidelines.

- **Method and Timing of Specimen Collection**

  - Pandemic virus, influenza, and/or other novel respiratory viruses diagnosis depends on the collection of high-quality specimens, their rapid transport to the laboratory and appropriate storage before laboratory testing.

  - The virus is best detected in specimens containing infected cells and secretions.

  - Specimens for the direct detection of viral antigens or nucleic acids and virus isolation in cell cultures should be taken preferably during the time stated in GPHL protocol after onset of clinical symptoms.

  - Use Viral Transport Medium (VTM) collection kits and/or other collection kit per GPHL guidelines. When swabs are collected, swabs with wooden shafts, cotton-tips or calcium alginate will not be accepted.

  - All specimens must be clearly labeled with the patient's identification: last name, first name, date of birth and/or patient identification number, type of specimen, date and time of collection, and initial of collector.

  - All specimens must be delivered to GPHL as soon as possible or within two (2) hours of collection for specimens at room temperature (15-30°C) or eight (8) hours for refrigerated specimens (2-8°C) if a rapid test is not performed by submitting facility/institution. All specimens must be delivered at 2-8°C.

  - Specimens collected at the ports of entry will be submitted to GPHL.

  - Acceptable respiratory specimens for patients with suspected pandemic virus, influenza or other novel respiratory viruses should be collected in accordance with current CDC guidelines. Some potential acceptable respiratory specimens and their protocol for collection are detailed below:

    - Nasopharyngeal swabs:

- A Dacron swab is inserted into the nostril, back to the nasopharynx and left in place for a few seconds. It is slowly withdrawn with a rotating motion. A new swab should be used for the other nostril. The tip of the swab is placed into a vial of viral transport medium, sterile normal saline, or plain sterile sheath/container and the shaft cut.

    - Nasal swabs:

- A Dacron swab is inserted into your nostril no more than ¾ of an inch (1.5 cm) into your nose. It is slowly rotated, gently pressing against the inside of your nostril at least 4 times for a total of 15 seconds. Get as much nasal discharge as possible on the soft end of the swab. Gently remove the swab. Using the same swab, repeat steps 4-6 in your other nostril with the same end of the swab. The tip of the swab is placed into a vial of viral transport medium, sterile normal saline, or plain sterile sheath/container and the shaft cut.

    - Nasopharyngeal aspirates (recommended for pediatric patients):

- Nasopharyngeal secretions are aspirated through a catheter connected to a mucus trap and fitted to a vacuum source. The catheter is inserted into the nostril parallel to the palate. The vacuum is applied and the catheter is slowly withdrawn with a rotating motion. Mucus from the other nostril is collected with the same catheter in a similar manner. After mucus has been collected from both nostrils, the catheter is flushed with 3 mL of transport medium/normal saline.

- The patient sits in a comfortable position with the head slightly tilted backward and is advised to keep the pharynx closed by saying "K" while the washing fluid (usually normal saline) is applied to the nostril. With a transfer pipette, 1-1.5 mL of washing fluid is instilled into one nostril at a time. The patient then tilts the head forward and lets the washing fluid flow into a specimen cup or a Petri dish. The process is repeated with alternate nostrils until a total of 10-15 mL of washing fluid has been used. GPHL may dilute approximately 3 mL of washing fluid 1:2 in viral transport medium.

- **Note: If appropriate personal protective equipment is not available, lower respiratory tract secretions should NOT be collected.**

    - Oropharyngeal swabs:

- Using only sterile Dacron swabs with a plastic/wire shaft, swab both tonsillar and posterior areas, avoiding the tongue. A new swab should be used for the other nostril. Place the swab in a vial of viral transport medium, sterile normal saline, or plain sterile sheath/container and break shaft.

- **Criteria for Specimen Rejection**

    - Improperly labeled samples or specimen label does not match the submission form. If patient meets CDC pandemic virus, influenza or other novel respiratory virus case definition, testing will be performed, but results will not be released until clarification can be made.

    - Samples with insufficient volume.

    - Specimen received in a container that is leaking.

- Samples not collected in a proper container or special handling instructions are not followed.
- Expired transport media.
- Samples not received at 2-8°C or not transported with cold packs due to the potential for false-negative results.
- Swabs with calcium alginate, wooden shafts, or cotton-tips.
- Incomplete submission form (*e.g.*, no date of onset, travel history, if appropriate, *etc.*).

- **Specimen Transport from the Requesting Laboratory and/or Facility/Institution to GPHL**
  - The requesting laboratory and/or facility/institution will be responsible for the transport and delivery of the specimens to GPHL for infectious disease testing in a timely manner.
  - The specimens shall be labeled with the patient's name: last name, first name, date of birth and/or patient identification number, type of specimen, date and time of collection, and initial of collector.
  - Specimens may be wrapped in absorbent material (e.g. paper towel).
  - All specimens will be transported in a clean, plastic, transparent, sealable transport bag.
  - The specimen will be forwarded with Attachment 3-C when delivered to GPHL.
  - The form will be packed in such a way to prevent contamination by the specimen.
  - To prevent the deterioration of the specimens by heat, specimens must be transported with ice packs to GPHL to keep and maintain samples at 2-8ºC.

SECTION 5.0
SPECIMEN RECEIPT AT GPHL

- All incoming specimens for the pandemic virus, influenza and/or other novel respiratory viruses testing at GPHL will be accessioned by the receiving laboratory personnel.
- The specimen will be entered/logged into the GPHL Patient Accessioning System.
- The specimen will be assigned a laboratory accession number.

- The specimen will be referred to the Microbiologist III or alternate who will enter/log it into the respective GPHL Register System.

SECTION 6.0
PRELIMINARY PANDEMIC VIRUS, INFLUENZA AND/OR OTHER NOVEL RESPIRATORY VIRUS TESTING AT GPHL

- Two methods will be utilized for the pandemic virus, influenza and/or novel respiratory virus testing at GPHL.
    - **Rapid detection testing for the pandemic virus, influenza and/or other novel respiratory virus using the Rapid Diagnostic Tests (RDT)/Point of Care Tests (POCT).**
        - *Principle of test*: This assay is a preliminary test and result for presumptive negative may need confirmatory testing. Results should be treated with caution, patient follow up and repeat testing if clinically indicated are recommended. It will primarily be used to investigate cases.
        - *Test Duration:* ~ 30 minutes
        - Results **may be** available within 30 minutes from time of receipt.
    - **Selection of Specimens for Testing at GPHL**
        - Only specimens, meeting the criteria (high risk groups and/or outbreak occurrences) and current case definition set by the CDC/WHO, will be accepted.

SECTION 7.0
CONFIRMATORY TESTING AT GPHL

- **Real Time Reverse Transcriptase-Polymerase Chain Reaction (rRT-PCR) Assay**
    - *Principle of test:* The rRT-PCR assay is used to detect respiratory virus pathogens that may be associated with a clinical presentation indistinguishable from other respiratory diseases. The rRT-PCR assay is a confirmatory test for the detection and identification of pandemic virus and/or respiratory virus, such as Influenza A (Flu A), Influenza B (Flu B), and/or other novel respiratory virus.
    - *Test Duration:* ~ 4-6 hours
    - Results **may be** available as early as 4 hours from the time of receipt at GPHL.

- The clinical sensitivity and specificity of rRT-PCR assays are 100%. Sequencing and/or genotyping will be performed on representative positive isolates, meeting CDC criteria, will be referred to CDC in Atlanta, Georgia or Hawaii State Laboratory Division (HSLD) as needed, for further analysis and/or confirmation.

SECTION 8.0
SHIPPING OF SPECIMENS TO REFERENCE LABORATORY

Import permit will be issued by reference laboratory.

- **Specimen Packing**

  - GPHL will be responsible for packing and shipping specimens from Guam to reference laboratory for further testing as needed using recommended Shipping Protocol.

  - It is essential that the pandemic virus, influenza and/or other novel respiratory virus specimens are sent as soon as possible after collection using recommended shipping protocol.

  - If shipping is delayed >2 days, then the specimens should be frozen at -70°C and shipped on dry ice.

Packing and shipping of the pandemic virus, influenza and/or other novel respiratory virus specimens will comply with current edition of the International Air Transport Association (IATA) Dangerous Goods Regulations (DGR). Refer to: www.iata.org and US DOT 49 CFR Parts 171-180: (http://hazmat.dot.gov/regs/rules.htm).

- **Shipping Communications**

  - The shipper at GPHL will be responsible for the immediate notification of the intended shipment to the Consignee.

  - In the event a shipment goes astray, the Federal Aviation Administration (FAA) or other agencies will be notified as applicable.

- **Payment of Shipments**

  - DPHSS will be responsible for funding the costs of shipment.

SECTION 9.0
DOCUMENTATION AND REPORTING OF LABORATORY TEST RESULTS

- All preliminary and confirmatory laboratory tests will be recorded in the respective GPHL Register daily or upon availability.

- Copies of all laboratory reports will be filed at GPHL.

- GPHL will be responsible for communicating all laboratory test results of preliminary and/or confirmatory tests to the requesting laboratory/physician/clinician as outlined in Attachment 3-A and Attachment 3-B.

- GPHL will notify laboratory positive test results, within 30 to 60 minutes upon completion of test, to the requesting facility via telephone, fax, and/or electronically (encrypted).

- All positive results will be reported immediately to the 24-hour point of contact authorized to receive results at the requesting institution.

- Reference laboratory will convey all confirmatory test results to GPHL through telephone, fax and/or electronically (encrypted).

- Requesting facilities will be responsible for picking up hard-copies of laboratory test results.

SECTION 10.0
PROCUREMENT AND INVENTORY OF LABORATORY SUPPLIES

- Any facility requesting pandemic virus, influenza and/or other novel respiratory virus testing may be responsible for procuring and maintaining inventory, if not able, GPHL can procure and maintain inventory for following laboratory supplies:

- VTM collection kit (for collection of nasopharyngeal/oropharyngeal specimens).

- Sterile specimen containers (for collection of nasopharyngeal aspirates and other acceptable specimens).

- Clean, sealable transport bags.

- PPE (i.e. gowns, examination gloves, respirators/masks, face shields, and other PPEs as applicable).

- GPHL may supply viral transport medium, as needed.

    - The Attachment 3-C will be available on-line. Accessed March 4, 2022 from **http://dphss.guam.gov/laboratory-services/** or hard-copies may be obtained at GPHL.

SECTION 11.0
CONTINUITY OF LABORATORY OPERATIONS DURING AN OUTBREAK

- Refer to DPHSS COOP.

SECTION 12.0
SAFETY PRECAUTIONS IN THE LABORATORY

- Refer to current edition of Biosafety in Microbiological and Biomedical Laboratories or Accessed March 4, 2022 from https://www.cdc.gov/labs/BMBL.html

- **The following should be performed with standard Biosafety Level 2 (BSL-2) practices:**

    - Collection of respiratory specimens.

    - Perform rapid detection testing.

    - Work surfaces should be decontaminated upon completion of work with appropriate disinfectants and all biohazardous waste autoclaved.

- **The following should be performed in BSL-2 facilities with standard BSL-2 practices:**

    - Laboratory workers should wear PPEs, including disposable gloves and solid front gowns with cuffed sleeves.

    - Routine staining and microscopic analysis of fixed smears.

    - Work surfaces should be decontaminated upon completion of work with appropriate disinfectants and all biohazardous waste autoclaved.

- **The following activities involving untreated specimens should be performed in a BSL-2 facility AND in a Class II biological safety cabinet using standard BSL-2 practices:**

    - Any procedure or process that cannot be conducted within a biological safety cabinet requires the use of appropriate combinations of PPE (e.g. respirators/ masks, face shields, and other PPEs as applicable) and physical containment devices (centrifuge safety cups or sealed rotors). Centrifugation should always be carried out using aerosol-sealed centrifuge cups and rotors that are loaded and unloaded in a biological safety cabinet.

    - Aliquoting, agitation, diluting or other manipulation of specimens that may cause aerosols.

- Decontamination of primary container for packing specimens for transport to reference laboratory for additional testing.

- Work surfaces should be decontaminated upon completion of work with appropriate disinfectants and all biohazardous waste autoclaved.

SECTION 13.0
CONTACT INFORMATION

- Any changes to the contact information of requesting facilities must be conveyed to the Laboratory Administrator, Microbiologist III and/or designee.

- Refer to Attachment 3-I.

SECTION 14.0
REFERENCES

- Collecting, Preserving and Shipping Specimens for the Diagnosis of Avian Influenza A (H5N1) Virus Infection. Guide for Field Operations. World Health Organization. (June 2012). Accessed March 04, 2022 from https://apps.who.int/iris/handle/10665/69392?show=full

- The State of Hawai`I Pandemic Influenza Preparedness & Response Plan. Version 2020/04. Hawai'I State Department of Health. (March 2020). Accessed March 04, 2022 from https://health.hawaii.gov/prepare/pandemics/

- Laboratory Diagnostic Procedures for Influenza. (August 31, 2020). CDC /NCID Accessed March 4, 2022 from https://www.cdc.gov/flu/professionals/diagnosis/labrolesprocedures.htm

- Dr. A. Asamoa-Baah, Assistant Director-General, Communicable Diseases World Health Organization, Geneva, Switzerland. Laboratory biosafety manual. 3rd ed. Switzerland: World Health Organization Printing Office, 2004. Accessed March 4, 2022 from https://www.who.int/csr/resources/publications/biosafety/Biosafety7.pdf

- Biosafety in Microbiology and Biomedical Laboratories. 5th ed. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and National Institutes of Health. HHS Publication No. (CDC) 21-1112 Revised December 2009. Accessed March 04, 2022 from https://www.cdc.gov/labs/pdf/CDC-BiosafetymicrobiologicalBiomedicalLaboratories-2009-P.pdf

- International Air Transport Association. 2016-2021. International Air Transport Association. Accessed March 04, 2022 from https://www.iata.org/

- U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration (PHMSA) January 28, 2022. Accessed March 04, 2022 from https://www.phmsa.dot.gov/

PANDEMIC PHASES FOR LABORATORY SERVICES
WHO PHASE 1: INTERPANDEMIC PERIOD

- **DPHSS**

  - Continue with routine laboratory services.

  - Maintain inventory of laboratory supplies and equipment.

  - Establish guidelines for collection and transport of human specimens for the laboratory diagnosis of influenza and other novel respiratory virus infection.

  - Establish guidelines to notify physicians of laboratory testing and criteria for submitting specimens.

  - Purchase at least four rapid detection test kits and maintain one kit at all times.

  - Establish a list of reference laboratories for further testing.

- **GMHA and GRMC**

  - Continue with routine laboratory services.

  - Microbiology Department will log all routine influenza or other novel respiratory virus test results done per normal lab protocol and monitor for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Officer or designee.

- **USNH**

  - USNH will follow DoD protocols in handling pandemic influenza.

- **AAFB CLINIC**

  - AAFB Clinic will follow DoD protocols in handling pandemic influenza.

- **DLS and SDA**

  - These laboratories will follow directives from DPHSS.

WHO PHASE 2: INTERPANDEMIC PERIOD

- **DPHSS**
  - Continue with routine laboratory services.
  - Review inventory of laboratory supplies and procure as needed.
  - Local physicians notified of available laboratory testing and criteria for submitting specimens.
  - Laboratory testing for influenza or other novel respiratory virus of human patients with symptoms and epidemiological risk factors.
  - Monitor for significant increase in cases for influenza or other novel respiratory viruses.
- **GMHA and GRMC**
  - Continue with routine laboratory services.
  - Microbiology Department will log all routine influenza or other novel respiratory virus test results done per normal lab protocol and monitor for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Officer or designee.
- **USNH**
  - USNH will follow DoD protocols in handling pandemic influenza.
- **AAFB CLINIC**
  - AAFB Clinic will follow DoD protocols in handling pandemic influenza.
- **DLS and SDA**
  - These laboratories will follow directives from DPHSS.

WHO PHASE 3: PANDEMIC ALERT PERIOD

- **DPHSS**

  - □ Continue with routine laboratory services.

  - □ Review inventory of laboratory supplies and procure as needed.

  - □ Laboratory testing for influenza or novel respiratory virus of human patients with symptoms and epidemiological risk factors.

  - □ Monitor for significant increase in cases for influenza or other novel respiratory viruses.

- **GMHC and GRMC**

  - □ Laboratory Administrator or designee will evaluate the supply and usage of Rapid Diagnostic Tests (RDT)/Point of Care Tests (POCT) to determine supply needs during a 6-8 week period.

  - □ Laboratory Director, Laboratory Administrator and Microbiology Supervisor will work with GPHL to address surge capacity issues during an influenza or other novel respiratory virus pandemic.

  - □ Laboratory Administrator or designee will assess current routine laboratory supplies and resources needs to last for a 6-8 week period in preparation for a pending influenza or novel respiratory virus pandemic. See *Laboratory Collection, Processing, and Referral of Specimens to DPHSS*, See Appendix 4.

  - □ Microbiology Department will continue surveillance of all routine influenza or novel respiratory virus tests done per normal lab protocol and monitor for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Officer or designee. The surveillance log will specifically identify the following:

    - Total number of respiratory specimens tested.
    - Number testing positive for influenza or novel respiratory virus and age group.

  - □ Laboratory personnel will continue to conduct routine testing.

  - □ Laboratory Administrator will start planning with DPHSS the specimen requirements and transport flow in the event that GMHA is directed to refer specimens. See *Laboratory Collection, Processing, and Referral of Specimens to DPHSS*, See Appendix 4.

  - □ Laboratory Director shall update Laboratory Plan as needed.

- **USNH**

  - USNH will follow DoD protocols in handling pandemic influenza or other novel respiratory virus.

- **AAFB CLINIC**

  - AAFB Clinic will follow DoD protocols in handling pandemic influenza or other novel respiratory virus.

- **DLS and SDA**

  - These laboratories will follow directives from DPHSS.

WHO PHASE 4: PANDEMIC ALERT PERIOD

- **DPHSS**

  - Continue with routine laboratory services.

  - Review inventory of laboratory supplies and procure as needed.

  - Continue laboratory testing for local cases meeting CDC/WHO case definition.

  - Monitor for significant increase in cases for influenza or other novel respiratory viruses.

- **GMHA and GRMC**

  - Laboratory Administrator or designee will continue to evaluate the supply and usage of Rapid Diagnostic Tests (RDT)/Point of Care Tests (POCT) to determine supply needs during a 6-8 week period.

  - Laboratory Director, Laboratory Administrator and Microbiology Supervisor will continue to work with GPHL to address surge capacity issues during an influenza or novel respiratory virus pandemic.

  - Laboratory Administrator or designee will continue to monitor supply and equipment needs.

  - Microbiology Department will continue surveillance of all routine influenza or novel respiratory virus tests done per normal lab protocol and monitor for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Officer or designee. The surveillance log will specifically identify the following:

- Total number of respiratory specimens tested.
- Number testing positive for influenza or novel respiratory virus and age group.

□ Laboratory personnel will continue to conduct routine testing.

□ If a specimen is sent to laboratory that is referenced as meeting the criteria for testing as an influenza or other novel respiratory virus strain, then the following actions need to be taken:

- Microbiology will implement processes for processing and referral of specimens to DPHSS. See *Laboratory Collection, Processing, and Referral of Specimens to DPHSS*, See Appendix 4.
- Microbiology will contact the Microbiologist III at DPHSS or alternate for additional instructions or updates for specimen referral.
- Microbiology staff will log the case in the Influenza or other Novel Respiratory Disease Log book and report the case to Infection Control Officer or designee.

□ Laboratory Director in conjunction with Laboratory Administrator will update *Laboratory Plan* as needed.

- **USNH**

□ USNH will follow DoD protocols in handling pandemic influenza or other novel respiratory virus.

- **AAFB CLINIC**

□ AAFB Clinic will follow DoD protocols in handling pandemic influenza or other novel respiratory virus.

- **DLS and SDA**

□ These laboratories will follow directives from DPHSS.

WHO PHASE 5: PANDEMIC ALERT PERIOD

- **DPHSS**

□ Continue with routine laboratory services.

□ Review inventory of laboratory supplies and procure as needed.

□ Continue laboratory testing for local cases meeting CDC/WHO case definition.

□ Monitor for significant increase in cases for influenza or other novel respiratory viruses.

- **GMHA and GRMC**

□ Laboratory Administrator or designee will continue to evaluate the supply and usage of Rapid Diagnostic Tests (RDT)/ Point of Care Tests (POCT) to determine supply needs during a 6-8 week period.

□ Laboratory Director, Laboratory Administrator and Microbiology Supervisor will continue to work with GPHL to address surge capacity issues and referral of lab specimens during an influenza or novel respiratory virus pandemic.

□ Laboratory Administrator or designee will continue to monitor supply and equipment needs.

□ Microbiology Department will continue surveillance of all routine influenza or novel respiratory virus tests done per normal lab protocol and monitor for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Officer or designee. The surveillance log will specifically identify the following:

- Total number of respiratory specimens tested.
- Number testing positive for influenza or other novel respiratory virus and age group.

□ Laboratory personnel will continue to conduct routine testing.

□ If a specimen is sent to laboratory that is referenced as meeting the criteria for testing as an influenza or novel respiratory virus strain, then the following actions need to be taken:

- Microbiology will implement processes for processing and referral of specimens to DPHSS. See *Laboratory Collection, Processing, and Referral of Specimens to DPHSS*, See Appendix 4.
- Microbiology will contact the Microbiologist III at DPHSS or alternate for additional instructions or updates for specimen referral.
- Microbiology staff will log the case in the Influenza or Novel Respiratory Virus Log book and report the case to Infection Control Officer or designee.

□ Laboratory Director in conjunction with Laboratory Administrator will update *Laboratory Plan* as needed.

- **USNH**

□ USNH will follow DoD protocols in handling pandemic influenza or other novel respiratory virus.

- **AAFB CLINIC**

□ AAFB Clinic will follow DoD protocols in handling pandemic influenza or other novel respiratory virus.

- **DLS and SDA**

□ These laboratories will follow directives from DPHSS.

WHO PHASE 6: PANDEMIC PERIOD

- **DPHSS**

□ Routine laboratory services may halt. Only routine laboratory services deemed essential may continue.

□ Review inventory of laboratory supplies and procure as needed.

□ Continue laboratory testing for local cases meeting CDC/WHO case definition.

□ Criteria for submitting specimens may be altered to avoid laboratory overload.

□ Most testing discontinued when local transmission is confirmed.

□ Review results of laboratory testing; changes made in criteria for submitting specimens if necessary.

□ At end of first wave, discontinue laboratory testing once activity in initially affected regions/countries has stopped, decrease in cases or is absent. Test only specimens from patients with appropriate travel history, new syndrome, and other required information per CDC guidance.

□ If a second outbreak occurs (3-9 months after first wave), repeat Phases 4-6 as appropriate.

- **GMHA and GRMC**

□ Laboratory Administrator or designee will ensure the continuous availability of Rapid Diagnostics Tests (RDTs)/ Point of Care Tests (POCTs) based on determined supply needs for a 6-8 week period.

□ Laboratory Director, Laboratory Administrator and Microbiology Supervisor will continue to work with GPHL to address surge capacity issues and referral of lab specimens during an influenza pandemic.

□ Laboratory Administrator or designee will continue to monitor supply and equipment needs.

□ Microbiology Department will continue surveillance of all routine RDTs/POCTs done per normal lab protocol and monitor for any significant increase in cases. The microbiologist on duty will report significant changes to the Infection Control Officer or designee. The surveillance log will specifically identify the following:

- Total number of respiratory specimens tested.
- Number testing positive for novel influenza or other novel respiratory diseases and age group.

□ Laboratory personnel will continue to conduct routine testing.

□ If a specimen is sent to laboratory that is referenced as meeting the criteria for testing as an influenza or other novel respiratory virus strain, then the following actions need to be taken:

- Microbiology will implement processes for processing and referral of specimens to DPHSS. See *Laboratory Collection, Processing, and Referral of Specimens to DPHSS,* See Appendix 4.

- Microbiology will contact the Microbiologist III at DPHSS or alternative for additional instructions or updates for specimen referral.

- Microbiology staff will log the case in the Influenza or Novel Respiratory Virus Log book and report the case to Infection Control Officer or designee.

- **NOTE**: Laboratory Administrator will continually check for updates in recommendations from DPHSS for routine laboratory confirmation of clinical diagnoses. **Routine laboratory confirmation of clinical diagnosis of pandemic influenza or other novel respiratory virus may not be a priority as pandemic activity becomes widespread in the community.** CDC will continue to work with the DPHSS laboratory to conduct virologic

surveillance to monitor antigenic changes and antiviral resistance in the pandemic virus strains throughout the Pandemic Period.

- Laboratory Director in conjunction with Laboratory Administrator will update *Laboratory Plan* as needed.

- **USNH**

  - USNH will follow DoD protocols in handling pandemic influenza or novel respiratory virus.

- **AAFB CLINIC**

  - AAFB Clinic will follow DoD protocols in handling pandemic influenza or novel respiratory virus.

- **DLS and SDA**

  - These laboratories will follow directives from DPHSS.

WHO POST PANDEMIC PHASE

- **DPHSS, GMHA, GRMC, USNH, AAFB CLINIC, DLS AND SDA**

  - Revert to Interpandemic Period.

Guam DPHSS Central Laboratory Services,

Accessed March 4, 2022 from

http://dphss.guam.gov/laboratory-services/

The Laboratory Services identifies diseases of public health concern, and provide laboratory services to identify, treat and control tuberculosis, Hansen's Disease, HIV/AIDS, sexually transmitted diseases, vaccine preventable diseases, and the provision of maternal child health and family planning services.

Hours of Operations:
Monday – Friday, 8:00 a.m. – 4:30 p.m.
Closed on Government of Guam Holidays
For more information call 671-300-9093 or 671-735-7143.

GPHL Documents and Forms,

Accessed March 4, 2022 from

http://dphss.guam.gov/laboratory-services/:

COVID-19 Abbott ID Now_GPHL Guidelines_Reviewed 06.22.2021

COVID-19 SARS-CoV-2 rRT-PCR_GPHL Guidelines_Reviewed 06.22.2021

Acute Neurologic Illness of Undetermined Etiology Specimen Guidelines 2014 Rev Oct 2019

Acute Flacid Myelitis (AFM) Attachments Clinician Job Aid Submission Patient Summary Instructions

Acute Flaccid Myelitis (AFM) Patient-Summary-Form Verson 5.0, 9.13.17

Acute Flaccid Myelitis (AFM) Guidelines Specimen Collection Instructions

ZIKV Case Investigation Form (2016-02-06)

ZIKA VIRUS Collection and Submission Guidelines Updated 08.11.16

Updated MTBRIF Collection and Submission Guideline 09.25.18

Syndromes FOPA

MERS Guidelines 2015 Reviewed Oct 2019

INFLUENZA Guidelines Specimen Requirement Updated 1.28.16

GPHL DPHSS Submission Form

GPHL Dengue Specimen Submission Form

EV-D68 Guidelines 2014 Reviewed Oct 2019

EBOLA Guidelines 2014 Reviewed October 2019

Dengue Collection and Submission Guideline

Data and Specimen Handling (DASH)

CTNG VAGINAL ENDOCERVICAL COLLECTION INSTRUCTION Reviewed Oct 2019

CTNG URINE COLLECTION INSTRUCTION Reviewed Oct 2019

CHIKUNGUNYA Collection and Submission Guideline

HSLD Spec Submission Form

GPHLMassGatheringGuidelines Reviewed October 2019

GPHLMassGathering-Attachment-A-DiagnosticTestsforTargetingDiseasesunderSurveillance Reviewed October 2019

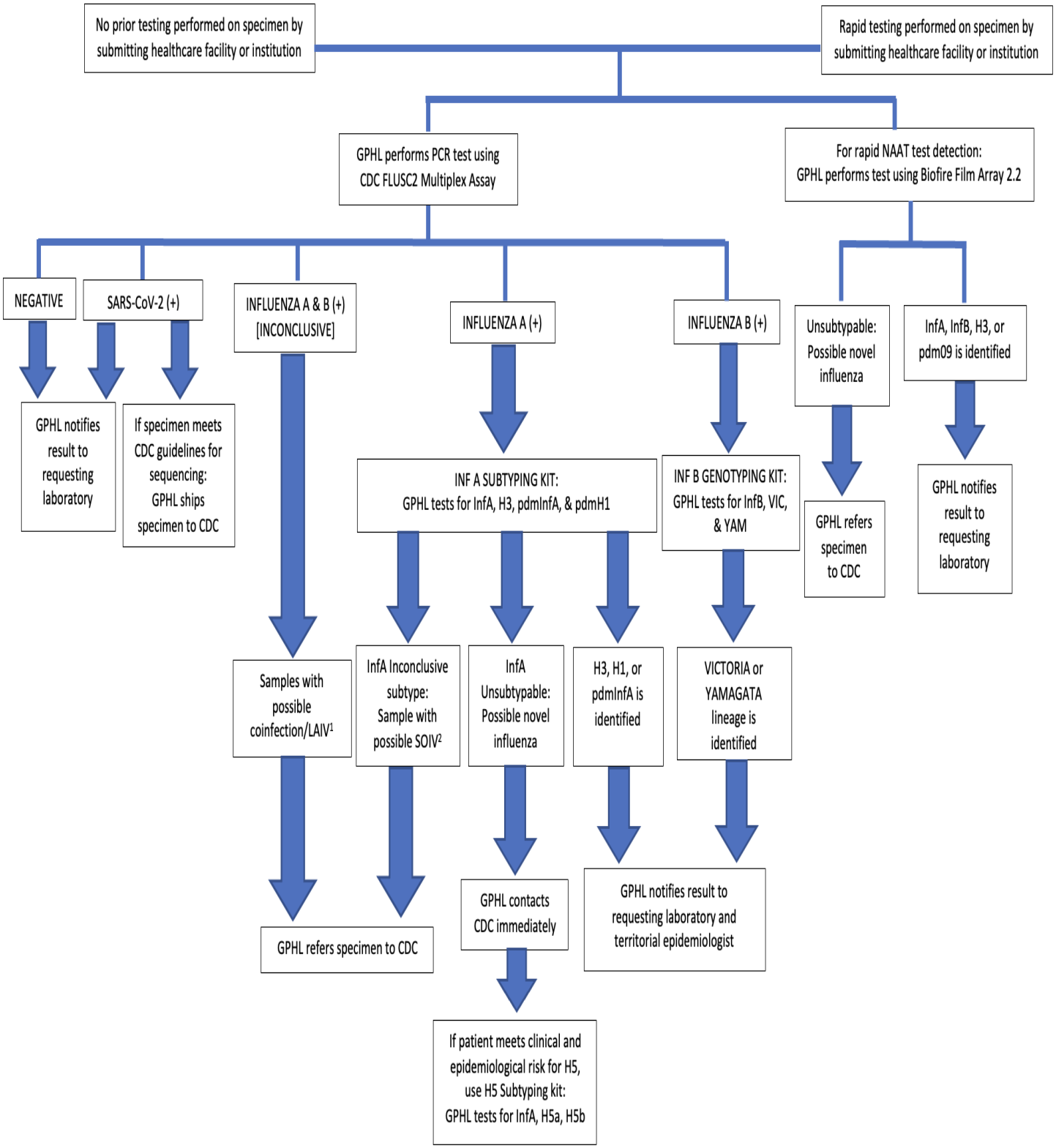
GPHL Mass Gathering Attachment B List Syndromes Sentinel Sites

GPHLMassGatheringGuidelines Reviewed October 2019

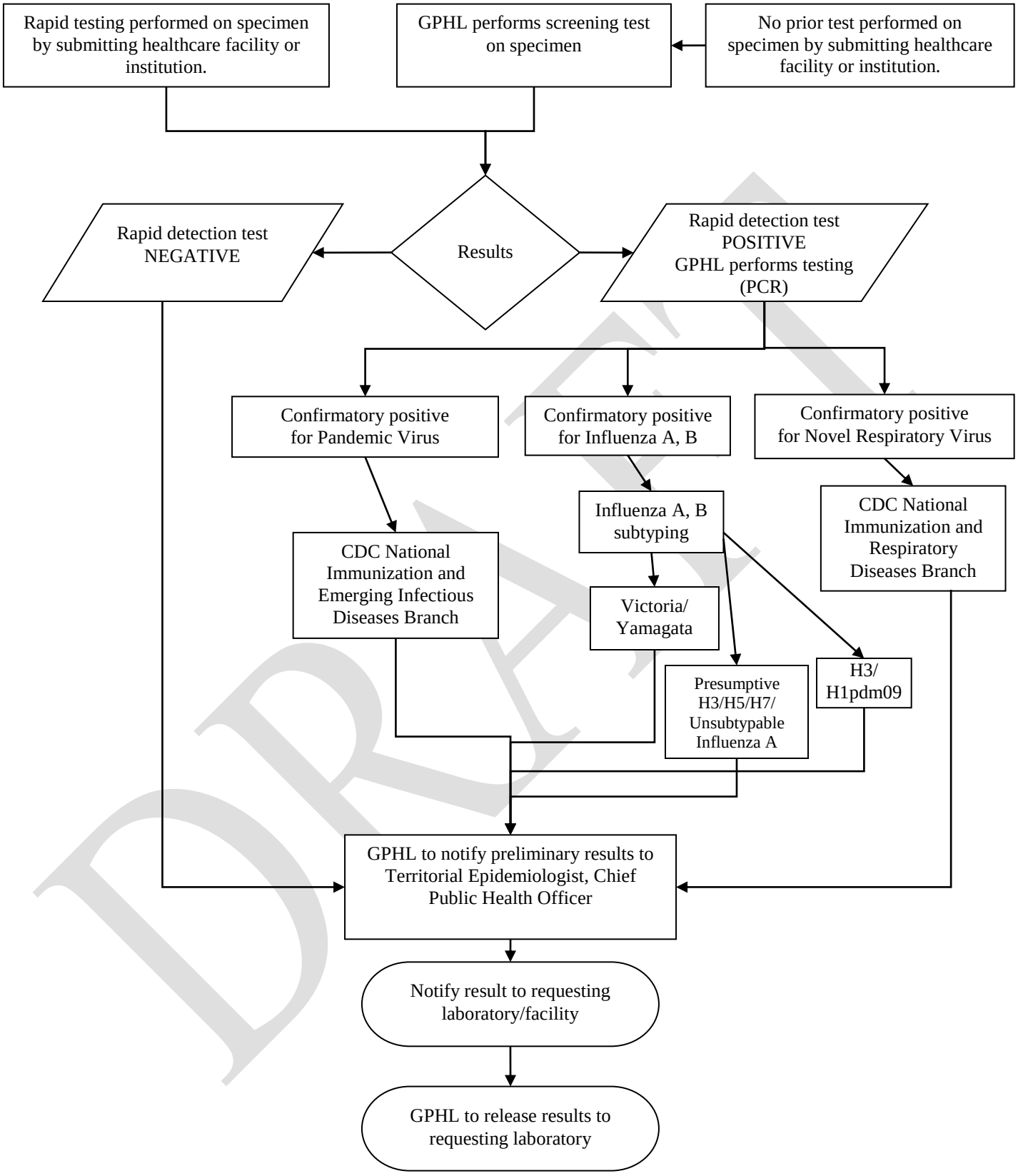
GPHL TB Submission Form for Smear Microscopy and Xpert MTB

GPHL Influenza Submission Form

GPHL IN-HOUSE SPECIMEN TESTING ALGORITHM FOR INFLUENZA



In-house Specimen Testing Algorithm for Pandemic Virus/Influenza/Novel Respiratory Virus at GPHL



Algorithm for Surveillance and Testing at GIAA/PAG

CDC Pandemic Virus/Influenza/Novel Respiratory Surveillance Case definition

Clinical criteria: T>100.4ºF AND one or more of the following: cough, sore throat, SOB

AND

Epi criteria: History of close contact with domestic poultry (including ducks, geese, or chickens) or a known or suspected human case of infection in an affected country within 10 days of symptoms onset.

Aircraft/Vessel reports incoming ill passenger to GIAA Control Tower/Harbor Master.
OR
GIAA Control Tower/Harbor Master reports incoming ill passenger to Guam Customs and Quarantine Agency (CQA).

Guam DPHSS Public Health Response Team (PHRT) is called and evaluates the patient.

If CQA is not yet involved, PHRT will notify CQA immediately.

CQA and PHRT will follow federal guidelines for Quarantinable Diseases.

Does patient meet CDC Quarantine Station suspect pandemic criteria?

Yes

No

Does ill passenger meet clinical criteria for pandemic virus/influenza/other novel respiratory testing?
Fever or history of fever ≤100ºF with at least one of the following symptoms:

- Headache
- Muscle aches
- Sore throat
- Cough
- Chills
- malaise (tiredness)

CQA protocol will:

- Confirm origin, review symptoms.
- Liaise with PHRT for instructions.
- Possibly detain passengers.
- Collect detailed contact information from passengers
- Hand out Health Alert Card if appropriate.
- Airline carrier may be notified to hold plane.

Patient Consent

No

PHRT will release patient from treatment.

Yes

PHRT will:

- Provide information sheet.
- Complete GPHL Specimen Submission Form.
- Nurse/Clinician will collect specimens; 2 nasopharyngeal swabs for respiratory testing (RT_PCR).
- GPHL performs rapid test OR specimen is delivered to GPHL for further testing

CQA or PHRT will respond by isolating passenger at GIAA if appropriate.

PHRT will release patient from treatment.

Patient Consent

No

Yes

Patient treatment & specimen collection are terminated.

PHRT will:

- Provide information sheet.
- Complete GPHL Specimen Submission Form.
- Nurse/Clinician will collect specimens; 2 nasopharyngeal swabs for respiratory testing (RT-PCR).
- GPHL performs rapid test OR specimen is delivered to GPHL for further testing

CQA will continue to follow federal guidelines for Quarantinable Diseases

- CQA will enforce travel restrictions in accordance with CDC and PHRT protocol.
- DPHSS/PHRT will provide assistance as necessary.

- Review pandemic/influenza/respiratory management recommendations on information sheet with all patients.
- Recommend hygienic practices to decrease spread of germs.
- No travel restrictions will be enforced.

- Specimen goes to GPHL for confirmatory testing (RT-PCR).
- Results available within 6-8 hours of specimen arrival at GPHL

GPHL will distribute results according to written protocol.

DPHSS will adhere to CDC guidelines for reporting any confirmed cases.

- Specimen goes to GPHL for confirmatory testing (RT-PCR).
- Results available within 6-8 hours of specimen arrival at GPHL

CQA=Guam Customs & Quarantine Agency
PHRT=Guam DPHSS Public Health Response Team
GPHL=Guam Public Health Laboratory
DPHSS=Guam Department of Public Health & Social Services

Attachment 3-B

Reset Form

LABORATORY EXAMINATION(S) REQUESTED:

☐ **AN**timicrobial Susceptibility ☐ **IS**olation
☐ **HI**stology ☐ **SE**rology (Specific Test) _____
☐ **ID**entification ☐ **OT**her (Specify) _____

CATEGORY OF AGENT SUSPECTED:

☐ **BA**cterial ☐ **RI**ckettsial
☐ **VI**ral ☐ **PA**rasitic
☐ **FU**ngal ☐ **OT**her (Specify) _____

SPECIFIC AGENT SUSPECTED:	OTHER ORGANISM(S) FOUND:	ISOLATION ATTEMPTED?	NO. OF TIMES ISOLATED:	NO. OF TIMES PASSED:	SPECIMEN SUBMITTED IS:
		☐ YES ☐ NO			☐ Original Material ☐ Mixed Isolate ☐ Pure Isolate

DATE SPECIMEN TAKEN:

__ __ / __ __ / __ __
MO DA YR

ORIGIN:

☐ **HU**man ☐ **FO**od ☐ **SO**il ☐ **AN**imal (Specify) _____ ☐ **OT**her (Specify) _____

SOURCE OF SPECIMEN:

☐ **BL**ood ☐ **CS**F ☐ **WO**und (Site) _____
☐ **GA**stric ☐ **HA**ir ☐ **EX**udate (Site) _____
☐ **SE**rum ☐ **SK**in ☐ **TI**ssue (Specify) _____
☐ **SP**utum ☐ **ST**ool
☐ **UR**ine ☐ **TH**roat ☐ **OT**her (Specify) _____

SUBMITTED ON:

☐ **ME**dium _____
☐ **AN**imal _____
☐ **TI**ssue Culture (Type) _____
☐ **EG**g ☐ **OT**her (Specify) _____

SERUM INFORMATION:

	MO	DA	YR
☐ **AC**ute			
☐ **CO**nvalescent			

	MO	DA	YR
☐ **S3**			
☐ **S4**			
☐ **S5**			

IMMUNIZATIONS:

	MO	YR
(1.)		
(2.)		
(3.)		
(4.)		

TREATMENT: **DRUGS USED** ☐ None

	DATE BEGUN MO	DA	YR	DATE COMPLETED MO	DA	YR
(1.)						
(2.)						
(3.)						

EPIDEMIOLOGICAL DATA:

☐ **SI**ngle Case ☐ **SP**oradic ☐ **CO**ntact ☐ **EP**idemic ☐ **CA**rrier

Family Illness _____

Community Illness _____

Travel and Residence (Location)

☐ **Foreign** _____

☐ **USA** _____

Animal Contacts (Species) _____

Arthropod Contacts: ☐ None ☐ Exposure Only ☐ Bite

Type of Arthropod: _____

Suspected Source of Infection: _____

SIGNS AND SYMPTOMS:

☐ **FE**ver
Maximum Temperature: _____
Duration: _____ Days
☐ **CH**ills

SKIN:

☐ **MA**culopapular
☐ **HE**morrhagic
☐ **VE**sicular
☐ **E**rythema **N**odosum
☐ **E**rythema **M**arginatum
☐ **OT**her

RESPIRATORY:

☐ **RH**initis
☐ **PU**lmonary
☐ **PH**aryngitis
☐ **CA**lcifications
☐ **O**titis **M**edia
☐ **PN**eumonia (type)
☐ **OT**her

CARDIOVASCULAR:

☐ **MY**ocarditis
☐ **PE**ricarditis
☐ **EN**docarditis
☐ **OT**her

GASTROINTESTINAL:

☐ **DI**arrhea
☐ **BL**ood
☐ **MU**cous
☐ **CO**nstipation
☐ **AB**normal Pain
☐ **VO**miting
☐ **OT**her

CENTRAL NERVOUS SYSTEM:

☐ **HE**adache
☐ **ME**ningismus
☐ **MI**crocephalus
☐ **HY**drocephalus
☐ **SE**izures
☐ **CE**rebral Calcification
☐ **CH**orea
☐ **PA**ralysis
☐ **OT**her

MISCELLANEOUS:

☐ **JA**undice
☐ **MY**algia
☐ **PL**eurodynia
☐ **CO**njunctivitis
☐ **CH**orioretinitis
☐ **SP**lenomegaly
☐ **HE**patomegaly
☐ **LI**ver Abscess/cyst
☐ **LY**mphadenopathy
☐ **MU**cous Membrane Lesions
☐ **OT**her

STATE OF ILLNESS:

☐ **SY**mptomatic
☐ **AS**ymptomatic
☐ **SU**bacute
☐ **CH**ronic
☐ **DI**sseminated
☐ **LO**calized
☐ **EX**traintestinal
☐ **OT**her

PREVIOUS LABORATORY RESULTS/OTHER CLINICAL INFORMATION: (Information supplied should be related to this case and/or specimen(s) and relative to the test(s) requested.

– CDC SPECIMEN SUBMISSION FORM –

CDC NUMBER	UNIT	FY	NUMBER	SUF.

Print Save Form Next Page

Previous Page

PHYSICIAN EMAIL ADDRESS:

Justification must be completed by State health department laboratory before specimen can be accepted by CDC. Please check the first applicable statement and when appropriate complete the statement with the ⋆.

1. Disease suspected to be of public health importance. Specimen is:
   (a) ☐ from an outbreak. (b) ☐ from uncommon or exotic disease.
   (c) ☐ an isolate that cannot be identified, is atypical, shows multiple antibiotic resistance, or from a normally sterile site(s) (d) ☐ from a disease for which reliable diagnostic reagents or expertise are unavailable in State.
2. ☐ Ongoing collaborative CDC/State project.
3. ☐ Confirmation of results requested for quality assurance.

⋆Prior arrangement for testing has been made.
Please bring to the attention of:

(Name): _____

Completed by:

_____

Date: __ ____ ____ __ __ __

Name, Address and Phone Number of Physician or Organization:

STATE HEALTH DEPARTMENT LABORATORY ADDRESS:

STATE HEALTH DEPT. NO.: _____

DATE SENT TO CDC: (MM/DD/YYYY) __ ____ ____ __ __ __

PATIENT IDENTIFICATION: (Hospital No.) _____

NAME: (LAST, FIRST, MI) _____

BIRTHDATE: (MM/DD/YYYY) __ ____ ____ __ __ __

SEX: ☐ MALE ☐ FEMALE

CLINICAL DIAGNOSIS: _____

ASSOCIATED ILLNESS: _____

DATE OF ONSET: (MM/DD/YYYY) __ ____ ____ __ __ __

FATAL? ☐ YES ☐ NO

(FOR CDC USE ONLY)		CDC NUMBER		DATE RECEIVED
UNIT	FY	NUMBER	SUF	MO DA YR
				__ ____ ____ __ __ __

THIS FORM MUST BE EITHER PRINTED OR TYPED
PLEASE PREPARE A SEPARATE FORM FOR EACH SPECIMEN

D.A.S.H.

DATE REPORTED
MO DA YR
___ _____ _____ ___ ___ ___

0	3

Comments:

D	6	5

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
Center for Infectious Diseases
Atlanta, Georgia 30333

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

The Centers for Disease Control (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 241). Supplying the information is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop prevention and control programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system 09-20-0106, "Specimen Handling for Testing and Related Data" and may be disclosed: to appropriate State or local public health departments and cooperating medical authorities to deal with conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice in the event of litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual's written consent.

Print Save Form

GUAM PUBLIC HEALTH LABORATORY
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
761 South Marine Corps Drive, Tamuning, Guam 96913
Telephone: (671) 300-9085/9096/9097/9098
Fax: (671) 300-7355/9989
(PLEASE PRINT LEGIBLY)

GPHL LABORATORY NUMBER

DATE RECEIVED

ORDERING/PRIMARY PHYSICIAN:

ADDRESS:
Street:
City: State:
Country: Zip Code:
Phone No.:

SUBMITTING LABORATORY:

ADDRESS:
Street:
City: State:
Country: Zip Code:
Phone No.:

I. PATIENT IDENTIFICATION

LAST NAME	FIRST NAME AND MIDDLE INITIAL

RESIDENT ADDRESS (Physical place of residence Street, City, Zip Code)

Street:

City: State: Zip Code:

PHONE NO.:
Cell/Mobile: Home: Work:

OCCUPATION	ETHNICITY	DATE OF BIRTH	SEX

CLINICAL DIAGNOSIS

DATE OF ONSET

LABORATORY EXAMINATION REQUESTED

CATEGORY OF AGENT SUSPECTED

SPECIFIC AGENT SUSPECTED

II. SPECIMEN INFORMATION

1. SOURCE OF SPECIMEN
☑ HUMAN
☐ OTHER (Specify):

2. ORIGINAL MATERIAL
TYPE OF SPECIMEN (SPECIFY SITE OF COLLECTION):
DATE AND TIME OF COLLECTION:
TRANSPORT MEDIUM:
VIRAL TRANSPORT MEDIA
COLLECTED BY (PRINT NAME):

3. SEROLOGY OF SPECIMEN
COLLECTION DATE:
☐ ACUTE (S1):
☐ CONVALESCENT (S2):
☐ S3:
☐ S4:
☐ OTHER (Specify):

4. SEROLOGY OF SPECIMEN
☐ PURE ISOLATE
☐ MIXED CULTURE
☐ OTHER (Specify):
DATE OF ORIGINAL CULTURE:
PRIMARY ISOLATON MEDIA:
COLLECTON SITE OF ORIGINAL SPECIMEN:
DATE OF CULTURE SUBMITTED AND TRANSPORT MEDIUM USED:
SUSPECTED IDENTIFICATION:
OTHER ORGANISMS FOUND:
OTHER INFORMATION:

III. CLINIC HISTORY

1. CLINICAL SIGNS AND SYMPTOMS
☐ FEVER
☐ EXANTHEMA (Specify Type):
☐ RESPIRATORY SIGNS:
☐ CENTRAL NERVOUS SYSTEM INVOLVEMENT:
☐ GASTROINTESTINAL INVOLVEMENT:

2. ADDITIONAL INFORMATION
TRAVEL HISTORY:
IMMUNIZATIONS:
ANTIBIOTIC THERAPY:

3. PREVIOUS LABORATORY RESULTS/OTHER INFORMATION

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES BCDC GPHL USE ONLY

DATE OF REPORT: TECH INITIALS:

The instrumentation used to conduct the test has significant sensitivity. Nevertheless few negative results should be treated with caution. Patient follow up and repeat testing, if clinically indicated, are recommended.

Patient Last Name: _____ **Patient First Name:** _____

Date of Birth: _____

Date of onset: _____ (*if symptomatic*)

During this illness, did the patient experience any of the following symptoms?

SYMPTOMS	YES	NO
Fever >100.4F (38C)	☐	☐
Subjective fever (felt feverish	☐	☐
Chills	☐	☐
Muscle aches (myalgias)	☐	☐
Runny nose	☐	☐
Sore throat	☐	☐
Loss of sense of smell or taste or appetite	☐	☐
Headache	☐	☐
Fatigue/weakness	☐	☐
Cough (new or worsening)	☐	☐
Shortness of breath	☐	☐
Difficulty breathing	☐	☐
Nausea or vomiting	☐	☐
Chest pain	☐	☐
Nausea or vomiting	☐	☐
Abdominal pain	☐	☐
Diarrhea	☐	☐
Other (specify):	☐	☐

Does the patient have any pre-existing medical conditions?

CONDITION	YES	NO
Chronic lung disease (asthma, emphysema, COPD)	☐	☐
Diabetes mellitus	☐	☐
Cardiovascular disease	☐	☐
Hypertension only (high blood pressure)	☐	☐
Chronic renal disease (ESRD/CRI)	☐	☐
Chronic liver disease	☐	☐
Immunocompromised condition (cancer, chemo, lupus, HIV etc).	☐	☐
Neurological/neurodevelopmental/intellectual disability	☐	☐
Hepatitis	☐	☐
Other (specify):	☐	☐
Former smoker	☐	☐
Current smoker	☐	☐

Name of Interviewer: Last _____ **First** _____

Date of Interview: _____

GUAM PUBLIC HEALTH LABORATORY GUIDELINES

SPECIMEN REQUIREMENTS FOR DETECTION OF INFLUENZA A, B and SUBTYPING

Methodology:	**1. Cepheid GeneXpert Flu (Influenza) PCR** **2. ABI 7500 Fast Dx Real-Time PCR (CDC Human Influenza Virus Real-Time RT Diagnostic Panel)**
Performed at GPHL Lab:	1. The Cepheid GeneXpert Flu (Influenza) assay is an FDA-cleared automated, real-time RT-PCR assay for the qualitative detection of Influenza A and Influenza B viral RNA. It differentiates 2009 Influenza H1N1 from seasonal Influenza A and B. 2. The CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel is used in an FDA-cleared real-time RT-PCR assay using ABI 7500 Fast Dx Real-Time instrument. It will detect influenza virus type A or B. It will also determine the subtype of seasonal human influenza (A, H1, H3, pdmA, pdmH1) and it will also detect the genetic lineage of influenza B (B/Victoria or B/Yamagata). Clinicians should suspect Novel Influenza A (H1N1) in person with ILI who: 1. Have had close contact with a person who is a swine-origin influenza confirmed case; **OR** 2. Traveled to a community in the United States or internationally where there are one or more confirmed swine-origin influenza cases; **OR** 3. Resides in a community where there are one or more confirmed swine-origin influenza A (H1N1) cases; **OR** 4. Patients presenting with sepsis syndrome (unexplainable); **OR** 5. Patients presenting with respiratory distress syndrome. **ILI is defined as fever (temperature of 100°F (37.8°C) or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza.**
For private clinics and providers:	**Specimen Submission Guidelines** 1. Submit one sample in M4 media (M4 media will be provided by PH upon request). Refer to Specimen Collection instructions below for acceptable specimens. 2. Fill out required form(s) COMPLETELY (**GPHL Influenza Submission Form AND other required forms).** Send forms with the specimen. 3. Freeze specimens immediately after collection. 4. Send frozen specimens to Guam Public Health laboratory Mondays-Fridays 8AM-430PM.

Specimen Required:	**Preferred respiratory specimens**: 1. Nasal swabs 2. Nasopharyngeal swabs / aspirates 3. Nasal wash / aspirates
Specimen Collection:	**Use only swabs provided in the M4 collection kit. No substitution of swabs**. **For Nasal Sample** – To collect a nasal swab sample insert the sterile swab into the nostril that presents the most secretion under visual inspection. Using gentle rotation, push the swab until resistance is met at the level of the turbinates (less than one inch into the nostril). Rotate the swab a few times against the nasal wall. **For Nasopharyngeal Sample** – To collect a nasopharyngeal swab sample, insert the sterile swab into the nostril that presents the most secretion under visual inspection. Keep the swab near the septum floor of the nose while gently pushing the swab into the posterior nasopharynx. Rotate the swab several times. **For Nasal Wash or Aspirate Sample** – • For Older Children and Adults: With the patient's head hyper-extended instill about 2.5 ml of sterile normal saline into one nostril with a syringe. To collect the wash, place a clean, dry specimen container directly under the nose with slight pressure on the upper lip. Tilt the head forward and allow the fluid to run out of the nostril into the specimen container. Repeat for the other nostril and collect the fluid into the same specimen container. • For Younger Children: The child should sit in the parent's lap facing forward with the child's back against the parent's chest. The parent should wrap one arm around the child in a manner that will restrain the child's body and arms Fill an aspiration bulb or bulb syringe with up to 2.5 ml of sterile normal saline (depending on the size of the child), and instill the saline into one nostril while the head is tilted back. Release the pressure on the bulb to aspirate the specimen back into the bulb. Transfer the specimen into a clean, dry specimen container. Repeat the process for the child's other nostril and transfer the specimen into the same specimen container. **Label each specimen with a unique identifier, type of specimen and date of collection.** **Place Swabs in biohazard specimen transport bag, seal and freeze. Place Submission form in outside pouch when sending to GPH laboratory.**
Specimen Transport, Storage and Stability	Store and transport specimens in frozen state. Do not freeze-thaw.

Specimen Submission	The submitting facility must notify BT Microbiologist or alternate of GPHL at (671) 735-7153/158/355 **NOTE: It is the responsibility of the submitter to track the arrival of the specimens along with the Influenza Specimen Laboratory Submission form at GPHL to ensure that these specimens are received by the Laboratory staff.**
Rejection Criteria	• Thawed specimens. • Specimen quantity is insufficient to perform the test; • Specimen received in a container that is leaking. • Specimen is not collected in a M4 media or special handling instruction is not followed; • Transport media is expired; • Swab with calcium alginate, wooden shafts, cotton- tipped; • Specimen subjected to repeated freeze-thaw cycle. • Unlabelled specimens; • Illegible/ incomplete Submission forms (e.g., no date of onset, travel history, etc.) • Specimen label does not match the Submission form.
Submission Form	Influenza Specimen Laboratory Submission Form • Each specimen submitted must have a completed Submission Form, with the patient name, patient identification number, type of specimen, date/time of collection, submitter, date of onset, travel history, date shipped/sent to GPHL, test(s) requested and other pertinent information • Illegible submission forms that are not consistent with the specimen submitted will be rejected and requesting facility will be asked to re-submit. • Submission forms must not be in direct contact with the specimen(s). • Fill out required form(s) **COMPLETELY.** • Incomplete forms will be rejected.
Result Notification:	Specimens run will be every Monday. Laboratory reports will be forwarded to the submitting facility, territory epidemiologist, and the BCDC Administrator via FAX. Any other request for copies of laboratory reports, apart from that stipulated above will not be accepted.
Contact:	Alan Mallari, Microbiologist II, GPHL (671) 735-7158/355 alanjohn.mallari@dphss.guam.gov

Contact (cont.)	Lea Nisay, Microbiologist I, GPHL(Alternate) (671) 735-7170 (671) 735-0348 FAX lea.nisay@dphss.guam.gov Anne Marie Santos, Laboratory Administrator, GPHL (671) 735-7153/355 Annemarie.santos@dphss.guam.gov

References:

1. CDC Interim Guidance for Screening for Novel Influenza A (H1N1) (Swine Flu) by State and Local Health Departments, Hospitals and Clinicians in Regions with Few or No Reported Cases of Novel Influenza A (H1N1). May 1, 2009

2. CDC Interim Guidance on Specimen Collection, Processing and Testing for Patients with Suspected Swine-Origin Influenza A(H1N1) Virus Infection. April 30, 2009

3. CDC Interim Guidance on Case Definitions to be Used for Investigations of Swine-Origin Influenza A (H1N1). April 30, 2009

4. GeneXpert Flu Assay package insert

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
(DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT)
Post Office Box 2816, Hagatña, Guam 96932

INFLUENZA GIAA/PAG SPECIMEN SUBMISSION FORM

FOR RESPIRATORY SPECIMENS COLLECTED FOR INFLUENZA SURVEILLANCE ONLY

ACCESSION NUMBER: _____

LAB NUMBER: _____ TIME/DATE SUBMITTED: _____

PATIENT IDENTIFICATION

FIRST NAME & MIDDLE INITIAL: _____ LAST NAME: _____

CITIZENSHIP: U.S. Citizen? ☐ YES ☐ NO COUNTRY OF CITIZENSHIP: _____

DATE OF BIRTH: (MM/DD/YY) _____ SEX: ☐ MALE ☐ FEMALE

PERMANENT MAILING ADDRESS

STREET ADDRESS: _____ PHONE NUMBER: _____

CITY: _____ STATE/PROVINCE: _____ ZIP CODE: _____ COUNTRY: _____

LOCAL CONTACT INFORMATION

LOCAL ADDRESS/LOCATION: PROVIDE HOTEL NAME /LOCATION WHEN APPLICABLE (i.e. The Guam Hotel Resort, Guam)

TRAVEL INFORMATION

AIRCRAFT/VESSEL: _____

AIRCRAFT/VESSEL NUMBER: _____

ORIGIN OF AIRCRAFT/VESSEL: _____

EXPECTED DATE OF DEPARTURE FROM GUAM: _____

LIST ALL TRAVEL WITHIN THE 14 DAY PERIOD PRIOR TO ONSET OF ILLNESS (PLACES & DATES)

CITIES: _____ DATES: _____

CLINICAL SIGNS/SYMPTOMS

CHECK ALL THAT APPLY:

☐ FEVER (Maximum temp. _____°F)
☐ COUGH
☐ SORE THROAT
☐ MALAISE
☐ OTHER
☐ HEADACHE
☐ MUSCLE ACHE
☐ CHILLS
☐ DIAHRREA
☐ VOMITING

DATE OF ONSET OF SYMPTOMS: (MM/DD/YY) _____

DATE OF RECENT INFLUENZA VACCINATION: (MM/DD/YY) _____

DOES PASSENGER MEET SUSPECT AVIAN INFLURNZA CRITERIA? ☐ **YES** ☐ **NO**

SPECIMEN INFORMATION

DATE OF SPECIMEN COLLECTION: (MM/DD/YY) _____ _____ AM/PM

TYPE OF SPECIMEN:

☐ NASOPHARYNGEAL SWAB
☐ OTHER (Specify): _____

PROVIDER SIGNATURE: _____

TITLE: _____

SCREENING TEST:

QUICKVUE INF A+B (Results -Circle One)

A+ B+ NEG INVALID NOT DONE

OTHER (Specify): _____

RESULTS:

DO NOT WRITE BELOW THIS LINE

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES USE ONLY

DATE OF REPORT:

Attachment 3-E

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT)
761 South Marine Corps Drive
Tamuning, Guam 96913

CONSENT FOR DIAGNOSTIC EVALUATION AND HEALTH SERVICES

CONSENT TO DIAGNOSTIC EVALUATION: **I authorize and consent** the Guam Department of Health and Social Services to collect, test, and submit specimens to reference laboratories for diagnostic evaluation.

RELEASE OF INFORMATION

I understand that my health information including possible exposure history may be disclosed to DPHSS testing facilities/laboratories and/or DPHSS-affiliated testing facilities/laboratories for the purposes of conducting public health surveillance and response.

I certify that I have read this Consent and that I am the ***patient*** or *the* patient's appointed representative, and I accept and agree to be bound by the Consent, a Copy of which ***will*** be made available upon request.

I, the undersigned, understand that I will be fully informed of the need, risks, and advantages of each medical procedure and treatment, and do hereby give my full consent to the Department of Public Health and Social Services to perform such necessary examinations and treatment deemed advisable in connection with my diagnoses and the maintenance of good health. I also understand that I have the right to refuse such care, unless required by law.
I, furthermore understand that it is my responsibility to supply accurate and complete medical history information to those involved with my care, and to inform them of any changes in my health. I also understand that it is my responsibility to inform those involved with my care if I do not understand any instructions given or cannot follow the instructions given to me relative to my care and treatment.

This consent, unless sooner revoked in writing, shall expire upon my discharge by appropriate authorities of the Department of Public Health and Social Services.

NAME OF PATIENT (Print)

Witness

Signature of Patient

Date

SIGNATURE OF RESPONSIBLE PARTY
IF PATIENT IS UNDER 18 YEARS OLD

State Laboratories Division
HAWAII STATE DEPARTMENT OF HEALTH
2725 Waimano Home Rd
Pearl City, HI 96782

(PLEASE PRINT LEGIBLY)

STATE LABORATORY NUMBER

DATE RECEIVED

ORDERING/PRIMARY PHYSICIAN:

ADDRESS:
(Street,
City, Zip code)

PHONE NO:

SUBMITTING LABORATORY:

ADDRESS:
(Street,
City, Zip code)

PHONE NO:

I. PATIENT IDENTIFICATION

LAST NAME	FIRST NAME AND MIDDLE INITIAL

RESIDENT ADDRESS (Physical place of residence Street, City, Zip code)

PHONE NO:

OCCUPATION	RACE	DATE OF BIRTH	SEX

CLINICAL DIAGNOSIS	DATE OF ONSET	LABORATORY EXAMINATION REQUESTED

CATEGORY OF AGENT SUSPECTED

SPECIFIC AGENT SUSPECTED

II. SPECIMEN INFORMATION

1. SOURCE OF SPECIMEN
- ☐ HUMAN
- ☐ OTHER (Specify): _____

2. ORIGINAL MATERIAL SUBMITTED

* TYPE OF SPECIMEN: _____

DATE OF COLLECTION: _____

TRANSPORT MEDIUM: _____

* SPECIFY SITE OF COLLECTION

3. SEROLOGY SPECIMEN

COLLECTION DATE
- ☐ ACUTE (S1): _____
- ☐ CONVALESCENT (S2): _____
- ☐ S3: _____
- ☐ S4: _____
- ☐ Other (Specify): _____

4. REFERRED SPECIMEN
- ☐ PURE ISOLATE
- ☐ MIXED CULTURE
- ☐ OTHER (Specify): _____

DATE OF ORIGINAL CULTURE: _____

PRIMARY ISOLATION MEDIA: _____

COLLECTION SITE OF ORIGINAL SPECIMEN: _____

DATE OF CULTURE SUBMITTED AND TRANSPORT MEDIUM USED: _____

SUSPECTED IDENTIFICATION: _____

OTHER ORGANISMS FOUND: _____

OTHER INFORMATION: _____

III. CLINICAL HISTORY

1. CLINICAL SIGNS AND SYMPTOMS
- ☐ FEVER
- ☐ EXANTHEMA (Specify Type): _____
- ☐ RESPIRATORY SIGNS: _____
- ☐ CENTRAL NERVOUS SYSTEM INVOLVEMENT: _____
- ☐ GASTROINTESTINAL INVOLVEMENT: _____

2. ADDITIONAL INFORMATION

TRAVEL HISTORY: _____

IMMUNIZATIONS: _____

ANTIBIOTIC THERAPY: _____

3. PREVIOUS LABORATORY RESULTS / OTHER INFORMATION:

DEPARTMENT OF HEALTH USE ONLY

DATE OF REPORT: _____

HAWAII STATE DEPARTMENT OF HEALTH

Appendix G:

Specimen Requirements for Influenza A (Flu A), Influenza B (Flu B), Adenovirus, Detection and Identification by real-time *Taq*man Reverse Transcriptase (RT) Polymerase Chain Reaction (PCR)

Methodology:	Real time *Taq*Man RT-PCR
Performed:	Real time *Taq*Man RT-PCR is used to detect respiratory virus pathogens that may be associated with a clinical presentation indistinguishable from Severe Acute Respiratory Syndrome (SARS) Coronavirus. **Only specimens meeting the criteria (high risk groups and/or outbreak occurrences) and case definition set by the Disease Investigation Branch (DIB) of the Disease Outbreak and Control Division of the Department of Health will be tested.**
Turn-Around-Time:	Preliminary report(s) will be available 6-8 hours from the time the specimen was received at the BT Response Laboratory. Positive specimens will be forwarded to the Virology Section for confirmatory testing.
Specimen required:	Respiratory specimens including bronchoalveolar lavage, tracheal aspirates, sputum, nasopharyngeal (NP) or oropharyngeal (OP) aspirates or washes, and NP or OP swabs.
Specimen Collection:	Use only Dacron tip swabs with an aluminum or plastic shaft. Calcium alginate swabs or cotton swabs with wooden sticks are unacceptable because they may cause PCR inhibition and may contain substances that inactivate or may be toxic to some viruses. **For NP swabs**- Insert swab into the nostril parallel to the palate and leave in place for a few seconds to absorb secretions. **For OP swabs**- swab both posterior pharynx and tonsillar areas, avoiding the tongue. Place swabs immediately into sterile vials containing 2 ml of viral transport media. Break the shaft and tighten the cap of the vial. Label each specimen with a unique identifier, type of specimen and date of collection. **Note: Only swabs in viral transport media (VTM) will be accepted.**

For NP wash/aspirate- Have the patient sit with the head tilted slightly backward. Instill 1-1.5 ml. of non-bacteriostatic saline (pH 7.0) into one nostril. Flush a plastic catheter or tubing with 2-3 ml of saline. Insert the tubing into the nostril parallel to the palate. Aspirate NP secretions. Repeat this procedure with each nostril. Collect NP/OP wash or aspirate in sterile vials. Label each specimen with a unique identifier, type of specimen and date of collection. *NP aspirates are the specimen of choice for the detection of respiratory viruses.*

Note: Respiratory specimens should be collected as soon as possible in the course of illness. Recovery of viruses diminishes markedly >72 hours after onset of symptoms.

Specimen storage, packing and transport:

Ship specimens with cold packs to keep the sample at 4°C. Follow instructions on the U.S. Department of Transportation (U.S.DOT) Hazardous Materials Regulations for transporting diagnostic specimens and the packing instructions from the current edition of the International Air Transport Association (IATA) Dangerous Goods Regulations.

Specimen submission:

The Epidemiology Specialist of the DIB must notify Rebecca H. Sciulli of the Bioterrorism Response Laboratory at 368-3373 or 453-5990 prior to the submission of specimens.
Note: It is the responsibility of the submitter to track the arrival of the specimens along with Form 81.3 at the State Laboratories Division to ensure that these specimens are received by the BT Response Laboratory staff.

Unacceptable conditions:

- Specimen is received in a container that is leaking;
- Specimen is not collected in a proper container or special handling instruction is not followed;
- Viral transport media is expired;
- Swabs with cotton tips, calcium alginate, and swabs with wooden shafts;
- Specimen is not received at 4°C or packed in blue ice;
- Specimen quantity is insufficient to perform the tests;
- Unlabeled specimens;

- Incomplete requisition form (*e.g.*, no date of onset, travel history, if appropriate, *etc.*);
- Specimen label does not match the requisition.

Stability: All specimens must be refrigerated at 2-8°C immediately after collection. If the specimen cannot be transported to the State Laboratories Division within 48 hours after collection, it should be kept frozen at -20°C (for PCR detection).

Requisition Form:

- State Laboratories Division Requisition **Form 81.3**
  Each specimen submitted must have a completed Form 81.3, with the patient's unique identifier, submitter, specimen site/specimen type, date of onset, travel history, date of collection, date shipped/sent to the SLD, test(s) requested and other pertinent information.
- **Illegible Form 81.3 or forms that are not consistent with the specimen submitted will be rejected and requesting facility will be asked to re-submit.**
- **Requisition forms shall be placed in a separate bag and shall not be packed with the specimen(s).**

Normal Value: N/A

Result Notification: Laboratory reports will be forwarded to the submitter (Epidemiological Specialist at the Disease Investigation Branch (DIB), Disease Outbreak Control Division (DOCD) or submitting laboratory) by electronic reporting system or via FAX. **Any other request for copies of laboratory reports by submitters other than DOCD or the submitting laboratory will not be accepted and laboratory reports will only be released to DOCD or the submitting laboratory.**

Test performed at: Bioterrorism (BT) Response Laboratory
State Laboratories Division
Department of Health
2725 Waimano Home Road
Pearl City, Hawaii 96782

Contact: Rebecca H. Sciulli, M.S., M.T. (AMT)
808-368-3373; 453-5990

Contact Information for GPHL

Guam Public Health Laboratory (GPHL)

Name	Position	Phone	Mobile phone	Email
a. Anne Marie Santos	Laboratory Administrator, GPHL	671-300-9082	671-988-4788	AnneMarie.Santos@dphss.guam.gov
b. Alan Mallari	Microbiologist III	671-300-9080	671-687-8374	Alan.Mallari@dphss.guam.gov

Southern Regional Community Health Center (Inarajan)

(During a pandemic, workforce will be redirected to NRCHC)

Name	Position	Phone	Mobile phone	Email
Theresa Carbon	Laboratory Technician II	671-828-7546	671-488-2144	theresa.carbon@dphss.guam.gov

Northern Regional Community Health Center (Dededo)

Name	Position	Phone	Mobile phone	Email
Cristina Garcia	Laboratory Technician I	671-635-7415	671-483-3668	cristina.garcia@dphss.guam.gov
Theresa Carbon	Laboratory Technician II	671-635-7415	671-488-2144	theresa.carbon@dphss.guam.gov

Guam Memorial Hospital Authority (GMHA)

Name	Position	Phone	Mobile phone	Email
GMHA Switchboard*1°	-	671-647-2554, 2	-	-
John Tuquero	Laboratory Administrator	671-647-2555 671-647-2283	-	john.tuquero@gmha.org
Rizza Derez	Microbiology Supervisor	671-647-2555 671-647-2181	-	rizza.derez@gmha.org
Dr. Ibrahim Aburiziq	Medical Laboratory Director	671-647-2555 671-647-2284	-	ibrahim.aburiziq@gmha.org

U.S. Naval Hospital Guam (USNH)

Name	Position	Phone	Mobile phone	Email
LCDR. Kenneth Willaert	Occupational & Environmental Medicine Provider Infection Control Officer	671-344-7265	671-483-2178	kenneth.r.willaert.mil@mail.mil
Emmie Lumba	Quality Assurance Manager, Laboratory	671-344-9753/7156	671-788-8228	emmie.c.lumba.civ@mail.mil

Andersen Air Force Base Clinic (AAFB)

Name	Position	Phone	Mobile phone	Email
Major Erica Robinson	Laboratory Officer	671-366-4116	-	erica.n.robinson8.mil.@mail.mil

Diagnostic Laboratory Services, Guam (DLS)

Name	Position	Phone	Mobile phone	Email
Cynthia Henson *1°	Laboratory Manager	671-646-5770 671-646-5771	671-678-7767	chenson@dlslab.com
Mary Jean J. Jacar *2°	Laboratory Supervisor	671-646-5770 671-646-5771	671-678-7768	mjacar@dlslab.com

Guam Regional Medical City (GRMC)

Name	Position	Phone	Mobile phone	Email
Ernestine Melecio	Laboratory Manager, GRMC	671-645-5500	671-787-5662	ErnestineMarie.Melecio@GRMC.gu
Maysie Escubil	Microbiology Supervisor	671-645-5500	671-787-5662	Maysie.Escubil@GRMC.gu

Guam Seventh-Day Adventist Clinic (SDA)

Name	Position	Phone	Mobile phone	Email
Shirley Belen	Risk Management Officer	671-646-8881-5 x 620	671-488-0750	sbelen@guamsda.com
Catherine D. Taitano 2°	Infection Control Officer	671-646-8881 x 620	-	ctaitano@guamsda.com
Frances Mantanona	Administrator	671-646-8881 x 111	-	fmantanona@guamsda.com
Maribel Parian	Laboratory Supervisor	671-646-8881 x 680	671-487-8707	mparian@guamsda.com

Hawaii State Laboratory Division (HSLD)

Name	Position	Phone	Mobile phone	Email
Remedios B. Gose 2°	BT Senior Microbiologist	808-453-5985	-	remedios.gose@doh.hawaii.gov
Pamela O'Brien	Microbiologist IV	808-453-5984	-	Pamela.O'Brien@doh.hawaii.gov

United Airlines, Inc. (UA)

Name	Position	Phone	Mobile phone	Email
Pacific Operations Control Center GUM (POCC)* 1°	24 hour Primary Contact	671-645-8473	-	-
Thomas Berkemeyer* 2°	Director, Safety & Security GUM	671-645-8525	671-687-5934	thomas.berkemeyer@coair.com
Vince Borja* 3°	Manager, Safety & Security GUM	671-645-8522	671-687-2414	vince.borja@coair.com
Leo Tkel* 4°	Manager, GSE GUM	671-645-8851	671-687-2726	leo.tkel@coair.com
Ray Cruz* 5°	Training Coordinator, GUM	671-645-8726	-	ray.cruz@coair.com

CDC Honolulu Quarantine Station

Name	Position	Phone	Mobile phone	Email
CDR. William L. Jackson, MD, PhD, MSPH, DNWC	Quarantine Medical Officer	808-861-8530 808-861-8475	404-917-9085	bwf3@cdc.gov

Federal Aviation Authority (FAA)

Name	Position	Phone	Mobile phone	Email
Robert (Jeff) Coppock	Special Agent	808-861-8483	630-0247	jeff.coppock@faa.gov
Velma Fish		808-861-8485	630-5913	velma.fish@faa.gov
Anthony Tepedino		808-861-8484	630-0246	anthony.tepedino@faa.gov

TNT Express Worldwide/Ambyth Logistics, Guam

Name	Position	Phone	Mobile phone	Email
Eric James* 1°	Manager of Operations	671-646-3723 671-646-3729	671-898-1378	eric.james@ambyth.guam.net
Leiana Rabon* 2°	Station Manager	671-646-3723 671-646-3729	671-898-1750	leiana.rabon@ambyth.guam.net
Lori San Nicolas 3°	Sales Executive	671-646-3723 671-646-3729	671-898-7351	lori.sannicolas@ambyth.guam.net